

**PROGRAM IMPROVEMENT
FINANCIAL STATUS REPORT**

BUDGET PERIOD _____

REPORTING PERIOD _____

FISCAL YEAR _____

LEA NAME _____

BUDGET NUMBER _____

ADDRESS _____

APPROVAL DATE _____

PROGRAM
IMPROVEMENT
FUNDS

OTHER
PROGRAMS

TOTAL
FUNDS

FUNDS APPROVED \$ _____ \$ _____ \$ _____

	(A) TOTAL APPROVED BUDGET	(B) CUMULATIVE EXPENDITURES	(C) OBLIGATIONS	(D) TOTAL EXPENDITURES AND OBLIGATIONS	(E) BUDGET BALANCE
[1] SALARIES					
[2] EMPLOYEE BENEFITS					
[3] PURCHASED SERVICES					
[4] SUPPLIES AND MATERIALS					
[5] SUB TOTAL					
[7] CAPITAL ACQUISITION					
[8] GRAND TOTAL					

PROGRAM IMPROVEMENT

[9] FUNDS RECEIVED OR REQUESTED
PRIOR TO THIS REPORT \$ _____

[10] LINE [8] COLUMN (B) TOTAL [EXP C \$ _____

[11] FUNDS ON HAND: LINES [10] MINUS
LINE [11] \$ _____

[12] FUNDS REQUESTED THIS PERIOD: \$ _____

[13] TOTAL FUNDS REQUESTED OR RECEIVED
THRU THIS REPORT PERIOD [10] + \$ _____

[14] OBLIGATIONS PAID AFTER JUNE 30TH \$ _____

FOR SEA USE ONLY

VOUCHER # _____

WARRANT # _____

DATE PAID _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN
EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS
TRUE AND CORRECT.

AUTHORIZED REPRESENTATIVE

PHONE NUMBER

DATE